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# Choosing health in prison: Prisoners' views on making healthy choices in English prisons

Louise Condon<sup>a</sup>, Gill Hek<sup>b</sup> and Francesca Harris<sup>a</sup>

## Abstract

*Objective* To explore the views of prisoners on making healthy choices in prison.

*Design* In-depth semi-structured interviews were carried out with 111 prisoners in 12 prisons between September and November 2005. Prisoners interviewed included women, older prisoners, young offenders and prisoners from Black and minority ethnic groups.

*Setting* Prisons in the north and south of England, including men's prisons (categories A–D), young offenders' institutions and a women's prison.

*Method* Prisoners were interviewed individually by pairs of interviewers, using a topic guide concerned with experiences of health care in prison. Interviews were audiotaped and transcribed. Data were analysed thematically. This article presents prisoners' views on making healthy choices in the areas identified in the 2004 white paper *Choosing Health*, as priorities for action in public health.

*Results* All the priority areas of *Choosing Health* were relevant to the self-identified health needs of prisoners. Opportunities to make healthy choices varied between prisons, particularly in relation to diet, exercise and access to smoking cessation support. Alcohol misuse was considered insufficiently addressed in prison.

*Conclusion* While imprisonment offers prisoners an opportunity to access health promotion services, in the priority areas identified in

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*Choosing Health* prisoners are often prevented from making healthy choices by the prison setting. Barriers exist within the prison setting which limit the ability of prisoners to maintain and improve their health.

**Key words:** *Choosing Health*, health, health promotion, healthy choices, prisoners

## Introduction

Since the inception of the 'Health in Prisons Project'<sup>1</sup> there has been an increasing interest in the potential of prisons as healthy settings which promote health and address inequalities. In England and Wales the healthy settings perspective has been embraced and adopted in *Health Promoting Prisons: A Shared Approach*<sup>2</sup>, which sets out a health promotion strategy to improve health, prevent deterioration in health during custody and encourage prisoners to adopt healthy behaviours which can be taken back to the community. These aims are reflected in Prison Service Order 3200<sup>3</sup>, which gives required actions for prison governors and directors to promote health as part of a whole prison approach. The focus on health promotion in prison has developed against a background of growing recognition of the extensive inequalities in health experienced by the prison population, and the subsequent consequences for public health<sup>4-6</sup>.

Prisoners are well recognized as a vulnerable and socially excluded population<sup>6</sup>. ONS surveys have shown that prisoners' mental and physical health<sup>7,8</sup> is significantly worse than that of the general population. In addition, prisoners are known to be more likely to adopt risky health behaviours than the population as a whole, including smoking<sup>8,9</sup>, hazardous drinking<sup>10,11</sup> and substance misuse<sup>12,13</sup>. Prior to entering prison, prisoners have more sexual partners than the general population, and these partners are more likely to be sex workers or substance misusers<sup>14</sup>. Rates of communicable diseases, such as hepatitis B and C, and HIV are higher among the prison population<sup>15,16</sup>.

Less is known about the lifestyle choices of inmates during imprisonment. In a questionnaire study, Lester et al<sup>9</sup> explored male prisoners' views on health determinants and found that, although prisoners have the opportunity to take vigorous exercise in prison and eat a healthy diet, most did not choose to do this. The majority of participants in this study wished to stop smoking. Minority groups of prisoners, such as those over 60 years of age, women, and Black prisoners, are increasing rapidly<sup>10</sup>, but despite an increase in government commissioned research into the needs of these minority groups<sup>11,17-20</sup>, little is known about their specific health promotion needs, and the health choices they make in prison. The small amount of qualitative research carried out in prisons, compared with greater numbers of surveys and epidemiological studies, contributes to this gap in knowledge.

An extensive literature exists on the extent to which prisons function as health promoting institutions<sup>21–24</sup>. A basic problem highlighted by Sim<sup>25</sup> is that, while the practice of health promotion is founded upon the concepts of empowerment and choice, prisoners are restricted in meeting their own needs by their inevitably reduced autonomy within the prison regime. The non-therapeutic prison environment impacts upon the ability of prisons to promote health<sup>23,26</sup> and imprisonment is known to have an adverse effect upon mental health<sup>18,27,28</sup>. The policy of healthy settings/whole prison approach has been described as poorly understood within prisons in England and Wales, and health promotion as a whole as underresourced<sup>22</sup>. Whitehead identifies an over-emphasis in prison health promotion on individualistic and disease-oriented interventions, such as the management of illicit drug use and reduction of communicable disease<sup>29</sup>, which limits its effectiveness in addressing the wider determinants of health.

*Choosing Health*<sup>6</sup> signals a new readiness to consider prison health within the national public health agenda. Prisoners are identified as having specific needs, particularly with regard to smoking cessation and reducing drug and alcohol use. *Choosing Health* proposes a collaborative approach to improving health by providing information and support to individuals, which will create an environment within which people find it easier to make healthy choices. Although health policy is based on the concept of the prison as an institution capable of producing a positive impact upon health and well being, little is known about the lifestyle choices of prisoners in priority areas of public health. This article presents prisoners' views on how they look after their health whilst imprisoned, both in terms of the choices they make, and the health services they choose to use to improve and maintain health whilst in prison.

## Method

This study was carried out between September and November 2005, after obtaining a favourable ethical opinion from an NHS Multi-Centre Research Ethics Committee, and the Research and Development Departments of relevant Primary Care Trusts. Semi-structured interviews were conducted with 111 prisoners in 12 prisons in south west, south east and north east England. Topics explored were, firstly, prisoners' views on prison health services and, secondly, their own health choices whilst in prison. A detailed methodology and the findings concerning prisoners' views of prison health services have been published elsewhere<sup>30</sup>. This article presents the findings from the second aspect of the study: prisoners' views on making healthy choices in prison.

All categories of prison were included in the study, ranging from category A (high security) to category D (open prison), and including a women's prison and two Young Offenders' Institutions (YOIs). Recruitment was carried out by means of posters advertising the study, and participants selected randomly from lists of names of those who volunteered. *Table 1* describes the age, sex and ethnicity of the study sample in comparison with the overall prison population. *Box 1* gives the questions and prompts

**TABLE 1** Study sample compared with general prison population in relation to age, sex and ethnicity

	<b>Study sample</b>	<b>Total prison population in England and Wales</b>
	<i>N</i> = 111	<i>N</i> = 77,000
Female prisoners	Female 9% ( <i>N</i> = 10)	Female 6%
Over 60 years	Over 60 years 5% ( <i>N</i> = 6) <sup>1</sup>	Over 60 years 2%
Young offenders (YOs)	YOs (16–20 years) 18% ( <i>N</i> = 20) <sup>1</sup>	YOs (18–20 years) 11% <sup>2</sup> YOs (15–17 years) 3% <sup>2</sup>
Black and minority ethnic prisoners (BME)	Total BME prisoners 15% <sup>3</sup> ( <i>N</i> = 16)  Black prisoners 12% <sup>3</sup> ( <i>N</i> = 13) Asian prisoners 3% <sup>3</sup> ( <i>N</i> = 3)	Total BME prison population 25% <sup>3</sup> Total national BME prison population 17% Black national prisoners 10% Asian national prisoners 4%
Categories of prisons	Total participating prisons = 12 Cat A = 1 Cat B = 5 Cat C = 2 Cat D = 1 YOI = 2 Women's prison = 1	Total prisons in England and Wales = 140 <sup>4</sup>

<sup>1</sup> All male

<sup>2</sup> Directly comparable figures for 16–20 years are not available

<sup>3</sup> Including foreign nationals; all figures for study participants are inclusive of foreign national prisoners

<sup>4</sup> This figure includes categories A–D, mixed category prisons, women's prisons, young offenders' institutions, juvenile prisons (under 16 years), and holding and immigration centres

Note: All figures for general prison population taken from Prison Reform Trust Fact File (2006)

used to elicit views on caring for one's health in prison. Prisoners were interviewed individually by pairs of interviewers, and interviews were audiotaped and transcribed. Atlas.ti software was used to facilitate the process of coding and data handling. During the analytical process, making healthy choices whilst in prison emerged as a significant theme in the overall conceptual framework<sup>30</sup>.

## Results

Findings are presented under the areas of priority action identified in the *Choosing Health* white paper. Within the identified priority areas, prisoners' views are given on

Box 1. Questions and prompts used to elicit interviewees' views on making healthy choices in prison.

### **How do you look after your own health when you are in prison?**

(prompts)

- Diet (*do you try and eat healthy food?*)
- Exercise (*do you try to get enough exercise?*)
- Smoking (*have you tried to stop smoking while in prison?*)
- Self-treatment
- Safety (*do you have to protect yourself from injury? e.g. from others, environment*)
- Relationships/getting emotional support (*in prison and outside e.g. fellow prisoners, prison officers, health care staff, family and friends on the outside*)
- Respect and communication

### **What do you think helps prisoners to look after their health better in prison?**

(prompts)

- Health services on offer
- Health assessment by staff
- Self-care
- Friends/family

the extent to which healthy choices are made whilst in prison, and how the prison setting affects the ability to make such choices. Where there were significant differences between prisoners' experiences in different categories and types of institution, these are highlighted.

### ***Reducing the numbers of people who smoke***

For many interviewees smoking was a way of coping with prison life. Here a prisoner describes his worries about a friend who started smoking heavily in prison:

*When he was outside he never used to smoke but now he's started smoking and you can tell from his lips ... they've gone really black from where he's just been sitting and smoking. I've noticed how serious smoking is, how bad it is for your health ... people who can't really survive, they get really frustrated when they can't have tobacco. (GP5, aged 21 years, category A prison)*

Many prisoners described imprisonment as an opportunity to access smoking cessation courses and nicotine patches. However, in several prisons, interviewees

described long waiting lists to go on smoking cessation courses, and sometimes considerable persistence was required to get a place. One young offender was not able to access a course for five months because the staff member who ran the course was unavailable.

Non-smoking prisoners commonly described passive smoking as a problem, especially when they were put in cells with smokers, despite having requested a non-smoking cell. Some non-smokers thought smoking should be banned in all parts of the prison because of its effect upon the health of both active and passive smokers. One Young Offenders' Institution had become a 'non-smoking prison', for both inmates and staff. Interviewees generally thought this a sensible measure and found that stopping smoking was easier than they thought, resulting in benefits such as improved fitness. However, some considered that stress levels increased as a result, and one described how tobacco had become contraband, to be smuggled into prison.

### ***Reducing obesity and improving diet and nutrition***

A range of attitudes were found to nutrition in prison. For those with very chaotic lifestyles outside prison, prison food was at least regular and available:

*On the outside I'm never at home, you're always busy. But in here you've got three meals a day. It's like ... you're always there, aren't you, to have them. (HP5, aged 20 years, young offender)*

Not all prisoners were concerned about eating food which was perceived as 'healthy'. In fact, some prisoners stated that they deliberately chose takeaway-style food in prison as far as possible, which they did not perceive as having an adverse effect upon their health.

Prisoners who deliberately chose good food as part of their normal lifestyle found the adjustment to prison very difficult. A foreign national prisoner believed that the transition from a low-fat African diet to a British prison diet was the cause of her ill-health. Despite protesting to healthcare and prison staff, serious obstacles to accessing brown bread and skimmed milk remained:

*The kitchen man is an empire of his own. Nurse X and Mr Y, the kitchen man, came over to my wing ... we had to sit down to talk. All Mr Y said was, I'm not going to give anyone skimmed milk, because it is not part of my contract. One. Number Two, he said, it is a struggle for them to give me two [pieces of] brown bread. (AP3, aged 50 years, female prisoner)*

Interviewees described a wide disparity between prisons in ease of access to low-fat, high fibre and low sugar foods. Older prisoners in particular were concerned about the long term effects of poor diet upon health when they were unable to access healthy foods.

The majority of interviewees supplemented their diet by buying food from the prison canteen. Fizzy drinks, crisps and chocolate bars were the most common

purchases, but those who were keen on body building, mainly young offenders and young male prisoners, bought vitamin tablets and protein drinks. Most prisoners considered canteen foods vastly overpriced, and a source of income for the prison. For all categories of prisoners buying food had to be weighed against purchasing phone credit or tobacco.

### ***Increasing exercise***

Many prisoners, particularly young men, described themselves as taking more exercise in prison than outside prison, often because imprisonment was the only time they were not using drugs. In many prisons excellent gym facilities were available; young offenders generally described a wide range of physical activities on offer. Access to both exercise and gym facilities could be constrained by the prison environment, particularly in high security prisons. Whereas in some prisons inmates had the opportunity to walk outside every day, in other prisons exercise was regularly cancelled. This lack of predictability in the regime was found to be very difficult by prisoners, who generally considered the opportunity to walk in the fresh air very important to their health.

Procedures varied for getting access to the gym. Some prisoners described scrupulously fair procedures, whilst others, in all categories of prison, seemed to find themselves the victim of an arbitrary system under which access to the gym was infrequent or non-existent. Many prisoners regarded using the gym as a coping strategy, with some describing it as a lifeline in that it provided a distraction and also an opportunity to make social bonds with other prisoners. In two prisons, older prisoners complained that they were prevented from using the gym because they were not considered adequately fit. These prisoners felt that this caution stemmed from a fear of litigation which unfairly excluded them from a healthy activity. Where 'remedial gym' was provided for prisoners with health problems, interviewees described wider participation in exercise among the elderly.

### ***Encouraging and supporting sensible drinking***

Drinking was mentioned frequently as a health concern, though generally as subordinate to, and less worrying than, drug use. Some interviewees said that problem drinking was insufficiently addressed when coming into prison, with fewer services available for alcoholics during their sentence and on release:

*There's no help for people that's got a problem with drink ... detox pack and that's it. (IP8, aged 41 years, category B prison)*

Both drug and alcohol misusers described the difficulties of adapting to life outside prison when released. Lack of help for alcohol addiction in prison combined with the likelihood of hostel accommodation on release meant that some prisoners saw little hope of adjusting to life outside prison:



*I really don't want to go into a hostel because you don't want to sit in a place like that all day. So you look for somewhere to go and make friends, and you end up in the pub all day. I don't want to end up in the same habit again ... and straight back to square one. I want to get out of that. They say to me, 'Are you looking forward to getting out?', but I'm not ... because I don't know what I'm being let out to yet. (IP6, aged 31 years, category B prison)*

Because prisoners were not offered help with alcohol addiction in prison and because of the lack of planning for release, they could not foresee an escape from returning to alcohol misuse when back in the community.

### **Improving sexual health**

Many prisoners took the opportunity to address sexual health concerns whilst in prison, for instance by taking advantage of screening for sexually transmitted infections (STIs) at 'Well Man' clinics. Most women prisoners described prison as a time for accessing sexual health services, and some only had cervical smears when in prison.

A potential barrier to accessing sexual health services in prison was a frequent lack of confidentiality in providing services. A young offender complained that he suffered teasing when his STI medication was given to him openly in front of other inmates. A number of prisoners reported attending appointments at STI clinics outside the prison, which meant having to be escorted by prison officers, and, in one case, being examined while handcuffed to two officers. A female prisoner described her relief when the doctor she was consulting for a sexual health condition insisted that the officers waited outside during the examination. For some prisoners the thought of attending hospital under guard was so humiliating that they were deterred from seeking help for symptoms.

### **Improving mental health**

Interviewees in all prisons described the stresses of prison life, such as risk of violence from other prisoners as well as actual violence, separation from family and friends and long periods spent in cells. All these were described as having a profound effect upon mental health, and many interviewees suffered from anxiety and depression. Substance misusers often found that mental health problems re-emerged after detoxification, leading to self-harm and difficulties in coping. However, it was not unusual for interviewees to describe prison life as being preferable to the life they led outside prison:

*To me prison is like an escape. The only way I can get off drugs is coming to prison ... in prison there is drugs, but you can't exactly walk out of your door and go and get some, can you? You're locked up all the time ... so in my eyes I am safe in here ... a lot safer. (IP3, aged 33 years, category B prison)*

*I grew up in care so like, at the end of the day, this is a home from home for me ... I was heavily abused when I was at home, so prison life is much easier to deal with. (FP6, aged 42 years, category B prison)*

Overwhelmingly, prisoners described continuing contact with family and friends as the most important factor in maintaining mental health in prison. However, some found contact with family members at visits, or even by telephone, too upsetting, and therefore limited contact as far as possible. The high cost of telephone calls in prison was described as a barrier to maintaining relationships by many prisoners. It was not uncommon for interviewees to describe losing touch with family and friends during imprisonment:

*Being in here such a long time, I think everybody I knew before I came in, they just drift away. You're in here and they're out there and they're getting on with their lives, and you just drift apart. (AP2, aged 24 years, female prisoner)*

## Discussion

This study gives an indication of the views of prisoners on priority areas of public health. Those who volunteered may have had a stronger interest in health issues than prisoners who did not wish to participate, and more motivation to express their opinions. However, interview data across the whole sample yielded a clear picture of how care of one's health during imprisonment is influenced by opportunities and barriers to making healthy choices. Prisoners' perceptions of these opportunities and barriers were remarkably consistent across all participating prisons. It is important to take into account the experiences of prisoners in view of the national policy emphasis on promoting health in prison and the requirements made of governors and directors to ensure that prisoners' health promotion needs are met<sup>3</sup>.

Opportunities to make healthy lifestyle choices in prison varied across the prisons sampled, in accordance with the extent to which individual prisons prioritized promoting prisoners' health during the period of imprisonment. As in the wider community, in prisons there appears to be a greater readiness to impose measures to reduce smoking<sup>31</sup>, whilst stepping back from taking proactive measures to encourage healthier eating. Findings with regard to diet and exercise suggest inequalities between prisons, in terms of the opportunities provided for prisons to maintain and improve their health, and between different categories of prisoners. Elderly prisoners appeared to be particularly disadvantaged in terms of access to exercise, unless targeted measures were taken to facilitate inclusion. These findings merit further exploration in qualitative research, in order to address inequalities in health promotion opportunities within the prison system.

Barriers to making healthy choices in prisons are associated with the lack of autonomy prisoners experience. In some cases these barriers are predictably associated with imprisonment, such as being separated from family and friends, but they are increased by the way in which prisons function. There were few instances of interviewees describing the development of healthy behaviours in prison which they intended to maintain when released into the community.

The findings of this research support earlier critiques of health promotion in prisons which suggest that prisoners have insufficient autonomy to ensure that their

health needs are met<sup>24,28</sup>. Despite policy support for the prison as a healthy setting, prison continues to restrict the ability of prisoners to make healthy choices and in some cases actively obstructs prisoners from making the healthy choices they wish to make.

## Conclusion

This study provides little evidence that policy reform and requirements concerning health promotion in prison have resulted in prisoners being able to make consistently healthy choices. It is acknowledged in *Choosing Health*<sup>6</sup> that, where people do not feel in control of their environment or their personal circumstances, the task of making healthy choices is challenging. Prisoners are an archetypal group who have restricted control over their lives, and this influences the choices inmates make and how healthily they live. Although *Choosing Health* refers to the needs of prisoners, it does not consider the underlying difficulties of promoting health within an environment which primarily aims to discipline and control. In order to reduce health inequalities, further consideration needs to be given within the public health agenda on specific action to make healthy choices consistently possible in prison.

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